



IT Project Status Report For a MHSA Funded IT Project

PROJECT INFORMATION	
Project Name: Integrated Behavioral Health Information System (IBHIS)	DMH Project ID #: LA-01
Executive Sponsor: Marvin J. Southard	Report Period: 1/1/06 – 3/31/06
Title: Director, Los Angeles County Department of Mental Health	
Project Status: <input checked="" type="checkbox"/> On Schedule <input type="checkbox"/> Within Approved Budget <input type="checkbox"/> Ahead of Schedule <input type="checkbox"/> Over Budget <input type="checkbox"/> Behind Schedule	Project Start Date: 01/01/06 Project End Date: 12/31/07
Project Objectives:	

MAJOR MILESTONE STATUS						
Project Phase	Deliverables / Milestones	Planned Start	Actual Start	Planned Completion	Actual Completion	Status
Initiation Phase	Example: Project Charter; ; Initial Baseline; Project Schedule; Cost Tracking; Change Management; Risk Management and Risk List	1/1/06	1/9/06	4/30/06		On Schedule
Requirements Phase	Example: Technical and Business Requirements Documents	4/1/06		9/30/06		Not Started
Design Phase	Example: Software Design Description; Process Work Flows	10/1/06		12/31/06		Not Started
Construction Phase (Software Deployment for COTS)	Example: Program Specification; Coded Modules	1/1/06		6/30/07		Not Started
Testing Phase	Example: Test Plans, Test Scripts; System and User Acceptance Test Execution and Test Results	7/1/07		8/31/07		Not Started
Implementation Phase	Example: Production Implementation Plans; Project Re-Planning; Risk Reviews/Actions	9/1/07		12/31/07		Not Started
Post-Implementation Phase	Example: Project Closeout; Lessons Learned; Production Metrics Baselines/Targets	1/1/08		2/29/08		Not Started

PIER	Example: Post-Implementation Evaluation Report	7/1/08		9/30/08		
------	---	--------	--	---------	--	--

TOTAL PROJECT BUDGET INFORMATION Include all funding sources (MHSA and any other county funding)		
Category	Budgeted Costs	Actual Costs to Date
Staff (Salaries & Benefits)	\$ 800,000	\$ 128,000
Hardware Purchase	\$ 230,000	\$ 0
Software	\$ 475,000	\$ 0
Contract Services	\$ 1,300,000	\$ 152,000
Total Project Costs	\$ 2,805,000	\$ 280,000

Performance Measurement Category	Planned to Date	Actual to Date	Estimate to Complete (ETC)
Project Hours	3, 200	3,000	25,000
Project Cost	\$300,000	\$280,000	\$2,525,000
Justification (if Actual and Planned differ by more than 10%):			

STATUS, MAJOR ACCOMPLISHMENTS, SCHEDULED ACTIVITIES
<p>STATUS:</p> <p>The project is within budget and on schedule. The project team completed the preliminary project plan and risk management plan. We anticipate completing the first draft of the requirements document by 7/30/06.</p> <p>ACCOMPLISHMENTS:</p> <ul style="list-style-type: none"> Conducted project kick-off meeting Identified stakeholders Defined roles and responsibilities of each of the team members Created preliminary project plan Completed risk management plan and risk log <p>SCHEDULED ACTIVITIES:</p> <ul style="list-style-type: none"> Begin conducting JAD sessions for collecting requirements Finalize the requirements document template Finalize the steering committee status report template Finalize the cost management plan Schedule monthly steering committee meetings Schedule weekly team status meetings

RISK AND ISSUE MANAGEMENT

Risk and Issue List Report (Please provide the risk and issue log along with mitigation, contingency plan for each risk and resolution plan for each issue.)

ID	Risk (Describe the risk in simple terms; provide any details in additional comment sheets.)	Probability	Impact	Timeframe	Response	Escalated to DMH

Explanation of entries

- Probability and Impact are based on three possible entries: High (H), Medium (M), Low (L)
- Timeframe, estimation of how long the risk will be relevant: Short Term (S) <3 months, Medium Term (M) 3 to 6 months, Long Term (L) >6 months
- Response: possible actions are Mitigate, Watch, or Accepted whereby you can either fix the risk through mitigation, watch it to see how it develops, or accept the risk because it is not likely to occur or has minimal impact
- Escalated to DMH – Yes or No

Here is a list of risks that you might want to consider:

1. Clearly defined project objectives and business processes
2. Identification of stakeholders and clearly defined roles
3. Establishment of project steering committee
4. Availability of the required funds and resources in a timely manner
5. Clearly defined team roles and responsibilities
6. Availability of internal experts to share knowledge with the project team
7. Finalization of well defined requirements
8. Use of project development and project management methodology and change management process
9. Knowledge and stability of technologies being used
10. Proven vendor product (If package solution)
11. Excessive changes after the completion of the requirements phase
12. User group involvement and buy-in throughout the project
13. Provision of appropriate training

Post Implementation Evaluation Report

Please include the following sections in your [final](#) status report:

Objectives Achieved
<p>Describe the achieved objectives in comparison to the objectives listed in the MHSA IT Funding Request form. Also describe the user and management acceptance of the completed project.</p> <ul style="list-style-type: none">•

Lessons Learned
<p>Describe lessons learned, best practices used for the project, any notable occurrences, or factors that contributed to the project's success or problems, or other information, which could be helpful during future project efforts. Describe problems that were encountered and how they were overcome.</p> <ul style="list-style-type: none">•

Corrective Actions
<p><u>Note:</u> This section must be included when the project is deemed to be a limited success or failure, or when there are significant differences between project expectations and project results. If this condition applies, summarize alternatives for improving the outcome.</p> <ul style="list-style-type: none">•

Next Steps
<p>Describe if the project has any future phases or enhancements; or will it be in maintenance phase</p> <ul style="list-style-type: none">•

County Approvals

Signature	Date	Phone
-----------	------	-------

Prepared by

Signature	Date	Phone
-----------	------	-------

MH Chief Information Officer (or in small counties, the person designated as responsible for Mental Health IT functions)